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Cynanche Trachealis

This disease may be defined an inflammation of the mucous membrane of the Trachea, inducing a secretion of tenaceous fluid, which impedes respiration.

In the whole catalogue of diseases, to which children are subject, there is not one more formidable in its appearance, and fatal in its consequences, or one which really merits the attention of the Practitioner, more than that of which I am to treat.

The disease is of frequent occurence both in this country, and in Europe, and it was not untill about the middle of the Seventeenth Century, that it was treated with any degree of Success.

Prejious to that period, the diseases of Children were viewed in a different light, from that in which we now regard them.

The Ancients supposed them to be so

intractable that they gave them up to nature, or what was very little better, resorted to such feeble, and inefficient measures, as were by no means calculated to subdue so violent a disease.

Although Medicine as a Science, has not yet arrived at its Zenith, it bears ample testimony, of many valuable acquisitions made within the last fifty years; not only as regards medicines; but the practical application of them.

Of late years no little attention has been bestowed by Practitioners on the diseases of Children, and that their labours have not been ineffectual, will readily be proven, by the numerous, and well attested facts, which they produce of their success in the treatment of this disease particularly.

Croup is peculiar to no season; but

most usually occurs in the Winter, and Spring, in low miasmatic situations contiguous to the Sea, and prevails to a greater extent in Northern climates than in those that are milder owing principally to the frequent changes of the atmosphere.

It appears chiefly in Children, attacking them at an early age, seldom however after they have arrived to their fifteenth year. There are instances of its attacking individuals at an advanced period of life; but these are comparatively of rare occurence.

This disease has been known to pervade certain tracts of Country, to such an alarming extent that scarcely a Child escaped an attack; while those who resided immediately in its vicinity; but on more elevated situations escaped

its ravages.

Children of a ruddy complexion, and robust constitution, are more liable to croup, than those of a more delicate structure, and whose constitutions have suffered from other diseases; but even these cannot be said to be exempt from this distressing disease,

Children who have once been attacked with Croup, are liable to returns of the disease, on the slightest exposure to a cold, or moist atmosphere.

The disease not unfrequently makes its appearance, without any premonitory symptoms, the child is suddenly seized with violent spasms of the muscles of the Glottis - at other times it advances gradually, the child for several days experiences all the symptoms of a simple catarrh; these continue to

increase in violence untill the disease finally developes itself.

The first symptom, which arests the attention of the Practitioner; is that peculiar ~~tone~~ of voice, which can seldom be mistaken, and may be regarded as the most prominent symptom of the disease.

There is great difficulty of breathing, and each inspiration, is accompanied with a shrill sound; violent coughing for the most part rough, and stridulous the face appears red, and turgid, the eyes blood shotten; all these symptoms are accompanied with Pyrexia the Pulse is hard, quick, and full, the child is exceedingly restless, often changing his position to allevate his sufferings. The whole train of symptoms continue to increase in

violence, untill the Patients System becomes so completely exhausted, that it is no longer able to withstand the Shock, and death finally terminates the Scene.

Diagnosis - Croup has frequently been confounded with acute Asthma the two diseases certainly resemble each other in some particulars; but an attentive observer can readily distinguish between them.

In acut Asthma there is usually distinct remissions, the pulse is not so hard, or quick, and the voice does not undergoe that change, which seems peculiar to Croup, and a Practitioner will be able to decide by pressure on the part; for in Cynanche Tracheale it affords the Patient much pain -

When any foreign substance is intro-

-duced in the Trachea, there is some difficulty in deciding, and Home mentions a case, which was treated by Balfour, where the Symptoms were so precisely similar; that it was treated as Croup. on dissection, a piece of Shell was found lodged in the Trachea.

Michaelis observes; whenever a foreign body is introduced in the Trachea, violent Coughing ensues; great pain is experienced either in the superior, or inferior part, of the Trachea, usually circumscribed.

It sometimes happens that excrescences arise in the Trachea, these are very slow in their progress, and unaccompanied by fever, of course may be easily distinguished from Croup.

Prognosis. This is always favourable

when the Pulse is full, and regular, the difficulty of breathing less laborious, a subsidence of spasm, and expectoration of the membrane.

On the contrary it may be viewed as unfavourable, when there is an aggravation of those symptoms, the pulse becomes more quick, and irregular, the difficulty of respiration increased, violent cough, without any expectoration, and the lips of a livid or dark colour the case may then be considered as dangerous in the extreme.

Cheyne who describes this disease with so much accuracy, and whose dissections have been performed with such precision, gives the following account, of the appearances on dissection.— The mucous membrane which

lines the Trachea; likewise the inner coat of the Trachea, are found in a highly inflamed state, the Thyroid external, and internal jugular veins very turgid - This he allrebutes, to the dispnoa impeding the Circulation, and thereby causing a remora or interuption, in the Cavas, and sight sinus; extending his views a little further he found the right auricle, and superior cava, distended with blood - On examination, the membrane appeared, of a much firmer consistence about the middle of the neck, than at any other part of the Trachea and gradually extending itself upwards behind the Thyroid Cartilage; finally terminated into a mucus or pus like substance.

The diameter of the Trachea at its

middle, was found much smaller, than either its superior, or inferior part, owing to the contraction of its muscular fibers.

These appearances do not invariably unfold themselves to our view; but it is admitted by every candid Practitioner that they do exist, in a majority of Cases.

Treatment - Judging from the train of Symptoms, and the numerous dissections, which have been made by Cheyne, and others of equal eminence we are naturally led to the Conclusion that Cynanche Tracheales is an inflammatory disease. Accordingly the measures which should be employed, are those which are calculated to reduce the general System and subdue local inflammation

Should the Practitioner be called in the incipient stage of the disease, the first, and most effectual mode of affording relief, to the unhappy sufferer, would be to excite active vomiting, as speedily as possible, and this may be accomplished, either with Ipecac, or Tart: Emetic, this last mentioned medicine, is in higher repute as a remedy in this disease, being more speedy in its operation than Ipecac, ought therefore to be prefered.

Our remedies should invariably be adapted to the disease, if it be violent, give large, and repeated doses, untill active vomiting is produced. The warm bath, ought immediately to succeed the Emetic, and to be productive of much benefit, the

child must remain in it for the space of fifteen, or twenty minutes. If this fail to give relief, resort to the Lancet; this above all other remedies is the most speedy, and effectual mode, of reducing arterial action, and relieving spasm.
Dr Home detracted from a child fifteen months of age, five ounces of blood, and shortly after repeated the operation, with entire success. This at first view might appear a hazardous mode of proceeding; but such is the nature of the disease; it often demands it.
The Lancet is to be used in this disease, like other remedies, proceed with caution; but not timidity, and when the System imperiously calls for its use never loose sight of it.

let the Patients System generally, and the Pulse in particular, be our guide, and there will seldom be any danger of Erring When there is hardness, and fullness of the Pulse, by this one remedy, a judicious Practitioner, will be able to effect more; than with all other remedies combined.

If these measures be resorted to in the early stage of the disease, provided they be judiciously used they seldom fail to effect a complete cure; but it often happens that medical aid is not obtained, untill the disease has made considerable progress, when this is the case it may be so obstinate as to demand a recurrence to the above mentioned remedies.

After the Child has been under a

general treatment, it is not unfrequently the Case, that if we pursue this practice further, we induce too great debility. We should resort to topical applications, as Leeches, and Cups, these may be applied, to some part near the Trachea.

If the disease is of so violent a form as to resist all those remedies, we are advised on the authority of Dr O-n to bleed ad deliquium animi; and he assures us when this practice is pursued, the disease will be subdued, let it appear in its most formidable shape.

The principle reason: why Practitioners are so often foiled in their attempts to cure this disease; is that their timidity will not allow them, to carry the depletory measures to that ex-

tent which they should be employed. They are in doubt, whether the infants system will admit of such harsh treatment; but it has been demonstrated in so clear a manner, as not to admit of the smallest doubt, that the proportion of fluids to that of the solids is much greater in children than in Adults, and they must as a necessary consequence allow of more extensive depletion in the same proportion.

With regard to the practical utility of Calomel, there can be no doubt, it was extensively used by Dr. Rush and he attributes its efficacy in this disease, to some peculiar action independent of purging.

By Dr. Hamilton the same course of practice was pursued, and we

are assured by him with great success. Dr Stearns of New York usually treated Croup, with large doses of Calomel, in combination with the Cerated Glass of Antimony, in the Proportion of XXV grs of the former, to VIII of the latter, this he prescribed to a child twelve months of age, and repeated it shortly afterwards; during the interval he gave the Polygala Senega with complete success.

This last named article was extensively used by Dr Archer, he recommends it very highly, and subsequent experience confirms the utility of this medicine. Dr A. used it in every stage of the disease, both as an Emetic, and expectorant; prescribed as an Emetic it is a feeble remedy, and there are so many

other medicines belonging to that class. so far superior to it that Practitioners rarely resort to it with that view; as an Expectorant it evinces its power as a remedy in this disease.
The Antimonial wine, prescribed as an expectorant, is an efficacious remedy in this stage of the disease, and is much resorted to -
When the arterial system has been subdued by the Warm bath Emetics V.S and the other remedies which I have previously mentioned - then apply Blisters and Sinapisms to the Neck or Breast in either situation blisters act extremely well -
If after all the remedies within our knowledge have been fairly tried and found ineffectual the last and only resource is the operation of Bronchotomy

On

Inaugural dissertation

on

Cyanuric Tracheids

by Stillson J. Coleman

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